



Postdoctoral Clinical Psychology Residency with an Emphasis in Clinical Health Psychology and Primary Care

VA Harbor Health Care System Manhattan Campus

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Mental Health
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<http://www.manhattan.va.gov/>

Applications Due: January 6, 2012

The Manhattan campus of VA Harbor Healthcare System offers a one-year postdoctoral residency in **Clinical Psychology** with an emphasis in **Clinical Health Psychology and Primary Care**. The medical center has implemented the Patient-Centered Medical Home model for primary care service delivery, as has been occurring throughout the VA nationwide. We firmly believe that the seamless integration of physical and mental health embodied by the Medical Home model represents the state of the art in patient care and we wish to train future psychology leaders to further the growth of this invaluable paradigm.

Accreditation Status

The postdoctoral residency program at the **VA New York Harbor, Manhattan campus** is newly created and therefore not yet accreditation eligible. Nonetheless, we will apply for accreditation with the Commission on Accreditation of the American Psychological Association as soon as the program is eligible to do so. We will also be applying to join the Association of Psychology Postdoctoral and Internship Centers (APPIC) once our first resident has started, and will abide by APA and APPIC standards and rules from the outset.

Application & Selection Procedures

General Qualifications

Eligible candidates must:

- be a U.S. citizen.
- be a student in good standing in an APA-accredited Clinical or Counseling psychology doctoral program, or
- have completed a doctoral degree, including dissertation defense, from an APA-accredited Clinical or Counseling Psychology program prior to the start date of the

fellowship. Note: Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible to apply.

- successfully complete an APA-accredited psychology internship.

We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer.

Specific Qualifications

The postdoctoral residency program seeks applicants with some prior training in health psychology and experience working in a primary care setting. Due to the primarily clinical nature of the residency, prior training and supervised experience in conducting individual and group psychotherapy as well as clinical interviewing and diagnostic assessment is essential. Additionally, prior training and experience utilizing cognitive-behavioral therapeutic approaches are highly desired due to its centrality in many short-term health psychology interventions.

Applicants must be willing to submit to the government's drug testing procedure for Federal employees and consent to a background check if requested.

Application Procedure

To apply for our postdoctoral residency, please send the items listed below. Preferred submission format is by email (contained within a single email if possible). Any materials that cannot be sent electronically may be sent by ground mail, preferably in one application packet. Materials must be received by **January 6, 2012**.

- A cover letter that describes your training and career goals and how the features of our residency program will facilitate the realization of these goals. Please also describe your previous clinical, educational, and research experience relevant to the training offered in our program, particularly in Health Psychology.
- Residency information form (found at the end of this brochure).
- Curriculum Vitae.
- Three letters of recommendation emailed directly from the writer or enclosed in sealed envelopes with the appropriate stamp or signature over each seal. At least one of these must be from an internship supervisor.
- A writing sample that addresses the following question:
"Please describe a clinical or personal experience that was particularly meaningful to you in your development as a health psychologist, and discuss why." Limit your response to 500 words.
- Official graduate school transcript(s) (photocopies are acceptable).
- An abstract of your dissertation (if completed) or a letter from your dissertation chairperson describing your dissertation status and timeline, if you have not completed your graduate degree (fax or email is acceptable).
- A letter from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date (fax or email is acceptable). If internship was already completed, you can send a copy of your pre-doctoral internship certificate.

Receipt of emailed application materials will be acknowledged by email reply. If you wish to verify receipt of any hard copy application materials, please include a self-addressed stamped

postcard or business-sized envelope (we kindly request you do not call the program to confirm materials arrived).

Application materials should be sent to the email or postal address below:

Marc.Goloff@va.gov

VA Harbor Health Care System
Marc Goloff, Ph.D., ABPP
Mental Health /11M
423 East 23rd St.
New York, NY 10010

Tel. (212) 686-7500 ext. 5926
Fax (212) 951-3336

Policies

The VA New York Harbor postdoctoral residency program complies with all guidelines set forth by the Association of Psychology, Postdoctoral and Internship Centers (APPIC). These policies can be accessed at the APPIC website www.appic.org.

The residency program also abides by all APA guidelines and requirements. APA can be contacted at:

Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street, NE
Washington, DC, 20002-4242.
(202) 336-5979
www.apa.org/ed/accreditation

Selection and Interview Process

All completed applications are reviewed by the Training Committee. Based on a systematic review of all applications, a subset of candidates are invited to interview. Interviews are normally held on campus, but telephone interviews can be arranged. The program adheres to the APPIC policy that no person representing this training program will offer, request, accept or use any ranking-related information from any postdoctoral applicant or graduate program. All applicants will be notified of their interview status by January 31.

VA New York Harbor fully adheres to the newly-adopted APPIC Uniform Notification Date with Option for Reciprocal Offer. Please refer to APPIC policy below:

Uniform Notification Date with Option for Reciprocal Offer (UNDr)
March 14, 2012

UNDr Procedure

All APPIC non-neuropsychology postdoctoral programs (those that do not offer the specialty of clinical neuropsychology) will make offers to applicants only on the APPIC selected date for offers. Programs may make an exception if an applicant is made another earlier bone fide offer, which must follow the guidelines below. On March 14, 2012, at **Noon EST**, the program will call their top candidate. Once an offer is made to an applicant, the applicant may proceed with one of the following actions: accept the offer, decline the offer, or hold the offer for four hours. If the position is held, it is considered to be frozen and cannot be offered to any other candidate during that time period. (At the four hour mark, the candidate must either accept or decline, otherwise the offer is no longer valid). Candidates may not hold more than one offer at a time. Once a candidate accepts an offer they should call the remaining programs that are lower on their preference list and inform them that they no longer wish to be considered at those facilities. Postdoctoral Training Directors (or their designee) will contact all applicants by phone or e-mail on the day of the UND to inform them of the status of the position. After a site and an applicant come to an agreement, a formal offer letter will be mailed to the applicant who will then formally accept the offer in writing.

Reciprocal Offers Process

Candidates who have been made an offer from a non-APPIC site (whether clinical or research postdoc or job offer) requiring a decision prior to UND date may contact an APPIC site and request a reciprocal offer. The candidate would indicate the name of the program making the competing offer and how long they have been allowed to hold their offer. Before making a reciprocal offer to the candidate, the APPIC site should call the candidate's Internship Training Director and verify the offer or ask the applicant for written verification of the competing offer (e.g., a faxed or scanned letter or a forwarded e-mail).

When an APPIC program makes a reciprocal offer, the candidate is expected to accept immediately. The acceptance is binding. If a program declines to make a reciprocal offer, only then is the candidate permitted to contact another site indicating it is (now) their #1 choice.

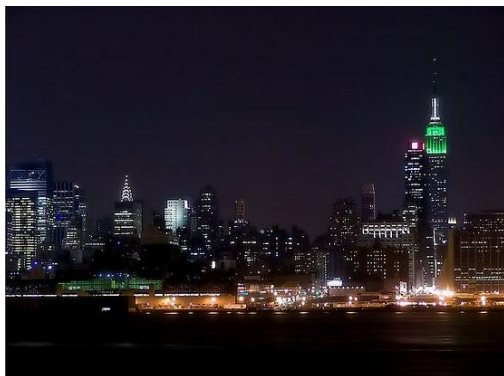
Psychology Setting

The Medical Center at the VA NY Harbor Manhattan campus consists of a modern, air-conditioned 18-story building overlooking the East River and a newer 6-story clinical addition containing Mental Health, Primary Care, and surgery suites. It is located on East 23rd Street at First Avenue in Manhattan, adjacent to the New York University and Bellevue Medical Centers. The Medical Center is fully accredited by the Joint Commission on Accreditation of Hospitals and is a full-service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. A Dean's Committee supervises the various approved training programs. In addition to Psychology postdoctoral residency, internship, and externship training programs, the Medical Center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University-Bellevue. Many additional training programs are offered in the nursing and allied healthcare professions such as Social Work, Physical and Occupational Therapy, Audiology, Nutrition, and Pharmacy. The varied and numerous training programs allow for a rich interaction between the Psychology postdoctoral resident and the multiplicity of other disciplines, most notably medical and psychiatric residents and fellows. Our affiliation with NYU Medical Center and proximity to a multitude of hospitals and health-related institutions within New York City provides for unlimited educational opportunities.



The Mental Health Service is comprised of psychiatrists, psychologists, social workers, and rehab specialists under the overall leadership of the Associate Chief of Staff for Mental Health. Psychology maintains a staff of 22 doctoral psychologists who are involved in a large number of mental health and medical programs throughout the medical center. Examples include outpatient Mental Health, Primary Care Clinic, inpatient Psychiatry, PTSD Clinic, Substance Abuse, Returning Iraq and Afghanistan Vets, Psychosocial Rehab, Neuropsychology, Rehab Medicine and Polytrauma, Memory Disorders Clinic, Geriatric Medicine, HIV/Infectious Disease, Palliative Care, Oncology, Diabetes Clinic, Renal Dialysis, and Transplant.

Primary Care Mental Health Integration will be the locus of a majority of the resident's training. In addition to the postdoctoral fellow, a staff of 4 full- and 2 part-time psychologists, one full- and one part-time psychiatrist, 2 psychology interns, 2 psychiatry residents, and 1 psychiatry fellow provide mental health services to the Primary Care Clinic and will be colleagues of the resident. We enjoy strong support from Primary Care medical leadership and are heavily involved with multiple treatment areas and programs.



Additionally, New York City is one of the world's cultural and restaurant capitals which, combined with access to recreational facilities in the nearby area including beaches, sports, parks, and natural settings, provides for an outstanding quality of life. The diversity of cultures, ethnicities, and neighborhoods makes New York an endlessly fascinating place to explore.

Training Model and Program Philosophy

Our postdoctoral residency program embraces a practitioner-scholar philosophy, with a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active, collaborative learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and conviction that a successful training program is one in which both staff and residents learn from each other and grow together. Therefore, the residency employs an apprenticeship method in teaching clinical skills and fostering professional growth. At the same time, we make every effort to promote the resident's creativity, autonomy, and unique clinical style in recognition of her/his postdoctoral professional status. Our training faculty highly value collegiality and mutual support, and this attitude fully extends itself to the postdoctoral resident. Providing care to patients in a large metropolitan multicultural environment, we strongly emphasize and value multicultural competence, and this infuses all aspects of the resident's training experience. Likewise, we value a welcoming attitude and compassionate treatment for our veterans; supervisors model and prioritize this attitude and demeanor in all interactions with patients.

Early in the training year, the resident will work most closely with supervisors in order to immerse her/himself in the clinical environment and culture as well as increase clinical and professional skills. The resident and supervisors will develop a learning plan for the year based upon both training priorities and the resident's particular interests and goals. As the year progresses, the resident takes on an increasing level of autonomy and independence as befits an early career professional and colleague.

Program Goals & Objectives

The residency's overall goal is to prepare ethical and culturally sensitive future leaders in Clinical Health Psychology with the requisite skills and knowledge to develop, implement, and evaluate provision of psychological services in hospital and other settings and, specifically, within the Primary Care medical setting. Toward this end, we embrace a competency-based training model that incorporates the following goals and objectives.

Postdoctoral residents are expected to demonstrate, by the end of the training year, competence at the level of an independent, early career psychologist in the following areas:

Overall areas of competency (from APA accreditation standards for Postdoctoral Residencies):

- Psychological assessment, diagnosis, and intervention
- Consultation, program evaluation, supervision, and/or teaching
- Strategies for scholarly inquiry
- Organization, management, and administration issues
- Professional conduct and ethics
- Cultural and individual diversity

Specific Health Psychology Competency Objectives:

- Demonstrate proficiency in selecting and applying evidence-based treatments for common problems presenting within the Primary Care setting such as depression, anxiety, substance abuse, sexual dysfunction, illness adjustment, and treatment adherence issues. Examples of treatment approaches include: cognitive behavioral, psychodynamic, interpersonal therapy, motivational interviewing/enhancement, problem-solving treatment, behavioral activation).
- Demonstrate basic proficiency in specialized treatment interventions (e.g., smoking cessation, sleep hygiene, weight loss, cognitive behavioral therapy for pain, biofeedback, hypnosis, mindfulness- and acceptance & commitment-based approaches).
- Demonstrate skill and flexibility in treatment formulation and clinical time management (including session length and treatment duration) according to patient needs and the demands and characteristics of the Primary Care setting;
- Demonstrate proficiency with group modalities within the Primary Care setting (e.g. psychoeducational, supportive, psychotherapeutic).
- Demonstrate proficiency in conducting brief (“same-day triage”) and full psychological evaluations appropriate to the Primary Care setting.
- Demonstrate proficiency in choosing brief assessment instruments relevant to presenting problems within the Primary Care setting.
- Complete at least four specialized psychological evaluations for procedures such as organ replacement, bariatric surgery, or interferon therapy for hepatitis.
- Increase knowledge of the clinical and research literature related to Health Psychology within the Primary Care setting, particularly the emerging integration of mental health and the Patient-Centered Medical Home.
- Complete a research-related Residency Project (e.g., small empirical investigation such as outcome study, literature review, performance improvement project, needs assessment, program evaluation).
- Demonstrate skills in consulting and contributing a mental health perspective through participation in Patient-Centered Medical Home team meetings, “curbside” consultation with medical providers, or conjoint patient contacts with medical providers.
- Demonstrate teaching and supervisory skills through in-service training to Medical Home team, teaching 2-3 intern seminars, and supervising a junior trainee (intern or extern).
- Demonstrate multicultural and ethical competence as evidenced by consult reports, treatment notes, supervisory discussions, treatment decisions and interventions.

Program Structure

The typical work day for the postdoctoral resident is varied and resembles that of staff psychologists. The resident may see Primary Care outpatients for treatment or evaluation appointments in the Primary Care clinic or specialized rotations; provide scheduled coverage for same-day brief evaluation access to patients for whom a mental health need arises during their medical appointment; participate in a PACT (Patient Aligned Care Team) or other team meeting; attend or present to a seminar, case conference or journal club; provide supervision for a trainee; and receive one’s own supervision.

Overview of Training Program and Training Experiences

The postdoctoral residency consists of a combination of year-long required assignments and briefer rotations, generally lasting 4 months each, some required and some elective. The resident has the opportunity to extend one or more rotations if that area represents a major interest. Responsibilities will include evaluation and assessment; individual and group therapies; team participation and consultation; didactics; teaching and supervision; and a year-long residency project.

Year-long Training Experiences

1. Primary Care Mental Health Integration/Patient Centered-Medical Home

The resident will affiliate with at least one “PACT” (Patient Aligned Care Team), which is the designation for a treatment team within the Patient Centered-Medical Home model being implemented. Extended teams consist of physicians, nurse care manager, nurses, social worker, psychologist consultant, pharmacist, nutritionist, and clerical staff. Patients are treated by a specific team and get to know and be known by these providers. The postdoctoral resident will consult with the PACT and, with supervision, review and respond to patient mental health issues as they arise. This could take the form of discussion in team meetings, curbside informal consultation, brief “same day” or full evaluation, or short and longer term psychological intervention as indicated. PACT’s operate within Primary Care, Women’s Clinic, and the OIF/OEF Unit.

2. Patient Evaluation and Assessment

The postdoctoral resident will be trained in and provide a range of assessment modalities. These will include: brief “same day triage” assessments in conjunction with a patient’s medical appointment, scheduled full psychological evaluations, and specialized psychological evaluations: kidney, liver, or bone marrow transplant; bariatric surgery; Interferon therapy for hepatitis.

3. Outpatient Individual Psychotherapy

Resident will carry a caseload of short-term individual therapy cases from Primary Care or specialty clinics addressing such problems as depression, anxiety, adjustment to illness, psychosocial stressors accompanying medical disorders, modifying unhealthy habits or behaviors, and chronic pain. The option is also available to treat 1-2 longer term psychotherapy cases as well. Treatment will emphasize evidence-based modalities including cognitive-behavioral therapy (CBT), problem-solving treatment, motivational interviewing/enhancement and substance abuse intervention, specialized CBT for chronic pain, biofeedback, and hypnosis. Longer term cases may incorporate CBT, psychodynamic, interpersonal, or acceptance and commitment therapy approaches.

4. Teaching and Supervision

An important aspect in transitioning from student to independent professional is the acquisition of teaching and supervisory skills. Residents will be expected to teach at least 2 psychology intern seminars, facilitate monthly intern peer supervision group, supervise interns in facilitating a health-related psychoeducational group, provide supervision to an intern or extern, present in journal club and case conferences, and take part in teaching and consultation to the Primary

Care medical teams along with the Healthy Behavior Coordinator (a psychologist assigned full time to work with PACT teams) regarding modifying health behaviors and treatment adherence. Supervisors will mentor the resident on preparation and presenting skills as appropriate.

5. Didactic seminars and conferences

The resident will participate in a variety of didactic experiences. These include:

- Primary Care Mental Health Clinical Case Conference (weekly)
- Psychology Clinical Case Conference (monthly)
- Interdisciplinary Journal Club with C/L Psychiatry Fellows (monthly)
- Mental Health Service Clinical Case Conference (monthly)
- VA NY Harbor Pain and Mental Health Rounds (monthly)
- Medical Ethics Team meetings (monthly, optional)
- VA NY Harbor Mental Health Grand Rounds (weekly, optional)
- Psychology Trainee seminars (twice weekly, optional, some required)
- NYU Psychiatry Grand Rounds (weekly, optional)
- In-service trainings for Primary Care attendings and/or medical residents (periodic)

6. Residency Project

The resident is expected to develop and complete a scholarly or other professional development project in the course of the fellowship year. Possible projects include: a small empirical investigation, literature review, performance improvement project, needs assessment, or program evaluation. Available empirical research opportunities include: needs assessment and outcome evaluation within Primary Care Patient-Centered Medical Home (collaborating with the Healthy Behavior Coordinator), Caregiver Support Project within Geriatric Clinic, Primary Care Mental Health Integration outcomes (with access to a specialized VISN 3 database [VISN 3 refers to the lower New York/New Jersey VA region]), post-stroke treatment adherence, Oncology psychological intervention outcomes, diabetes intervention outcomes, or the postdoctoral resident's own project.

The resident also has the opportunity to collaborate with the VISN-3 Mental Health Lead for Patient-Centered Care. This individual coordinates mental health activities and interdisciplinary collaboration within the Patient-Centered Medical Home among all seven hospital sites in the region and will enable the resident to develop a more "macro" viewpoint regarding program development, implementation, and coordination on a regional scale. The resident may develop her/his project under the mentorship of the VISN-3 Mental Health Lead for Patient-Centered Care.

Rotations

Below are listed both required and optional rotations that involve provision of outpatient individual and group interventions and/or clinical health psychology coverage in specialty areas.

Required

- A. Two rotations of 4.5 mos. each (option for longer if a major interest); to be developed from among the following in consultation with resident:
 - Chronic Pain Clinic
 - Primary Care Substance Abuse

Geriatric Caregiver Support Program
Renal Dialysis Unit
Congestive Heart Failure shared medical visits in Primary Care
Diabetes Clinic shared medical visits in Primary Care
Resident can develop her/his own clinical placement based upon clinical interest
(e.g., special intervention/population; work with a specialty such as Oncology,
Infectious Disease, Physical Medicine & Rehabilitation, Palliative Care)

- B. Third rotation consisting of 2 mos. intensive immersion
Inpatient Consultation/Liaison Psychiatry (with Psychiatry fellows)
- C. Outpatient group therapy or psychoeducation (choice of one or more groups, 4-month minimum per group, as long as resident is involved in at least one group throughout residency)
 - Living Better With Chronic Pain
 - Diabetes Support Group
 - Motivation 101 (motivational enhancement/early substance abuse treatment)
 - Or—resident may start own group based upon a particular clinical interest or assessed need
- D. Healthy behaviors group psychoeducation (4 mos. each)
 - Smoking Cessation
 - Sleep Education
 - MOVE! Weight Loss Program

Supervision

The resident will receive a minimum of 2 hours of weekly scheduled individual supervision. This includes weekly supervision of individual and group treatment as well as intakes. It is not uncommon for the resident to be supervised by more than one therapy supervisor, such as for Primary Care short-term cases and intakes, a longer-term psychodynamic supervisor, and supervision for specialty modalities such as biofeedback, hypnosis, or motivational interviewing. Additionally, the resident will meet regularly with a designated core training staff member for overall professional mentorship, to monitor progress, and to address any issues that arise during the residency. Training staff are constantly available for unscheduled consultation as the need arises or in emergent situations. The resident will also receive weekly supervision through Primary Care Mental Health Clinical Case Conference and additional supervisory input on other rotations or assignments, such as Inpatient C/L Psychiatry or Chronic Pain.

Residents will be encouraged, in addition to acquiring clinical skills and knowledge, to devote considerable thought to further developing their own professional identity, orientation, and goals over the course of the postdoctoral residency. Supervisors will also assist the resident in considering and articulating conceptual and evidence-based rationales for clinical decisions and planning.

We are committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes African-American, Latino, Caribbean-American, Asian, and Caucasian veterans of both genders and LGBT orientations.

Interns learn how factors such as race, ethnicity, culture, gender, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

Requirements for Completion

The resident is required to complete a 12-month, 2080-hour postdoctoral residency, minus approved annual, sick, and administrative leave. To remain in good standing, the resident is expected to maintain satisfactory progress toward training and didactic requirements; to adhere to professional standards of practice, demeanor and responsibility; maintain adequate workload and timely documentation; and adhere to APA ethical guidelines and HIPPA regulations, particularly in the areas of confidentiality and ethical treatment of patients.

The resident receives a written evaluation instrument every four months, based upon goals, objectives and competencies listed above. Evaluation categories include, for example, General Clinical Skills; Multicultural Competence; Professionalism and Ethical Conduct; Health Psychology Competencies; Teaching, Supervision, and Consultation; and Residency Project. Rating levels are linked to behavioral anchors related to increasing levels of independence and practice. Supervisors meet with the resident as part of the formal evaluation process to discuss the content of these evaluations and assure mutual agreement and understanding regarding evaluative content. Supervisors also provide continual informal feedback in the course of ongoing supervision throughout the residency.

Postdoctoral residents also complete residency evaluation forms at the end of rotations, at mid-year, and at the end of the year. Resident feedback forms address specific training experiences, supervision, and solicit qualitative feedback regarding the resident's training experience as a whole. Additionally, the resident meets with the training director for an exit interview at the end of the training year to provide additional feedback and suggestions for future planning.

Criteria for graduation from the postdoctoral residency include the following:

- A preponderance of formal evaluation ratings at the level of independent practitioner
- Completion of clinical, documentation, didactic, and administrative requirements
- Completion of Residency Project

Facility and Training Resources

The postdoctoral resident will be assigned an office located within the Primary Care Clinic, close to other PC psychologists, that is fully equipped with desk, locked file/storage space, and personal computer that accesses the VA Computerized Patient Record System (CPRS) and is equipped with word processing, statistical (SPSS), and other software packages including internet access, and email. The resident will be able to see patients in her/his office and will also have use of computer-equipped offices/examining rooms within the Primary Care clinic in which to see patients. The Psychology Service maintains a collection of testing instruments and equipment that are available as needed. A program support staff member dedicated to Primary Care Mental Health is available for the resident. The medical center maintains an excellent

Medical Library which provides Medline and PsychInfo searches and full interlibrary access to books and journal articles. NYU Medical School Library is also a short walk away.

Administrative Policies and Procedures

Time Requirements

The residency is a one-year experience, beginning on or about September 1 and ending August 31. The resident is expected to work a 40-hr. week, accumulating 2080 hours over 12-months, minus approved annual, sick, and approved absence.

Stipend

The annual stipend is \$47,626 paid over 26 biweekly per periods.

Benefits

VA residents are eligible for health, dental, and vision insurance (for self, married spouse, and legal dependents), just as are regular employees. Onsite urgent medical care is also available for free through Employee Health. As temporary employees, fellows may not participate in VA retirement programs. State and federal income tax and FICA (Social Security) are withheld. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Holidays and Leave

Residents accrue 4 hours annual leave and 4 hours vacation for each two-week pay period for a total of 13 vacation and 13 sick days per year. In addition, the resident receives 10 paid Federal holidays. Requests for educational leave (approved absence) are granted for participation in conferences, conventions, or special outside trainings up to 40 hrs. (5 days).

Due Process Statement

The training staff and director attempt to address all problems and complaints at the lowest possible level in a manner that is most supportive to all parties, utilizing formal procedures only when standard supervisory approaches have proven unsuccessful in resolving an issue. The residency training manual which residents receive at the beginning of training outlines specific policies regarding grievance options and procedures, due process with regard to resident performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.

Collecting Personal Information

Our privacy policy is clear: We will collect no personal information about you when you visit our Website.

Training Staff

Core Training Faculty

Brian Bronson, M.D., NYU School of Medicine, 1997

Director of NYU Fellowship in Psychosomatic Medicine, Director of NY VA Consultation and Liaison Psychiatry Service, VISN 3 Lead for Primary Care – Mental Health Integration
Clinical Assistant Professor of Psychiatry, Neurology and Medicine, NYU School of Medicine
Clinical Activities: Director of Consultation and Liaison Psychiatry and Primary Care – Mental Health Integration
Research Interests: Implementation and Evaluation of Co-Located/Collaborative Mental Health Services in Primary Care

Joanna Dognin, Psy.D., Chicago School of Professional Psychology, 2000

Healthy Behavior Coordinator
Assistant Professor, Albert Einstein College of Medicine
Clinical activities: Healthy Behavior Coordinator; group and individual psychoeducational interventions to foster treatment adherence and health behaviors; team consultation and training
Research interests: mental health disparities; integration of mental health in Primary Care; trauma disorders in HIV population

Marc Goloff, Ph.D., ABPP, New York University, 1985

Chief of Psychology; Training Director, Postdoctoral Residency
Clinical Instructor, NYU School of Medicine, Department of Psychiatry
Clinical activities: cognitive behavioral therapy in Primary Care; biofeedback and hypnosis; individual and group treatment for chronic pain
Research interests: Outcomes in psychological interventions for chronic pain

Christine P. Ingenito, Ph.D., Teachers College, Columbia University, 2009

Counseling Psychologist, Primary Care Mental Health
Clinical activities: Evaluations and individual therapy for OIF/OEF/OND veterans; DBT consultation team; same-day access, evaluations and short-term therapy for female veterans in Primary Care Women's Clinic, coordination of C&P evaluations.
Research interests: Multicultural counseling competency, the impact of therapists' social attitudes on their clinical judgments, the psychosocial correlates of HIV/AIDS, and factors influencing sexual risk-taking among gay-identified men.

Danielle Ramati, Psy.D., Yeshiva University, 2008

Clinical Psychologist, Primary Care Mental Health Integration
Clinical activities: Individual and group psychodynamic psychotherapy; integration of mental health in primary care/medical settings; psychological testing
Research interests: Social support and interpersonal dynamics related to adoption.

Neal Spivack, Ph.D., Ph.D., Adelphi University, 1997

Clinical Psychologist, Primary Care Mental Health Integration
Clinical activities: Substance abuse evaluation and treatment; motivational interviewing; group therapy; diabetes psychological intervention; long-term psychodynamic psychotherapy
Research interests: Group therapy, substance abuse

Additional Training Faculty

Steven Cercy, Ph.D., Southern Illinois University, 1993

Neuropsychologist

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment

Research interests: Cognition in macular degeneration; development and validation of cognitive screening measures; development and validation of cognitive assessment measures in low vision; dissimulated cognitive impairment; Lewy Body disease

Jennifer Friedberg, Ph.D., Yeshiva University, 2006

Research Psychologist; Psychologist, Women's Clinic

Assistant Professor, NYU School of Medicine

Clinical activities: Individual psychotherapy, assessment, Women's Clinic

Research interests: Interventions to reduce stroke and cardiovascular disease risk

Susan Green, Psy.D., ABPP-CN, Yeshiva University, 1988

Clinical Neuropsychologist

Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment

Research interests: Neuropsychological sequelae of cardiac surgery; Alzheimer's Disease

Josh Hooberman, Ph.D., Fordham University, 2007

Clinical Psychologist, Suicide Prevention Coordinator

Clinical activities: Suicide Prevention Coordinator

Research interests: Suicide prevention, coping and resilience

Christie Jackson, Ph.D., University of North Dakota, 2003

Clinical Psychologist, Suicide Prevention Coordinator

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: suicide prevention, DBT, CBT for complex trauma, supervision and consultation

Research interests: treatment (STAIR/NST) for complex trauma, cross-cultural issues and CBT, dissemination of empirically supported treatments

Wendy Katz, Ph.D., Teachers College, Columbia University, 2005

Counseling Psychologist; Coordinator of OEF/OIF Mental Health/Readjustment Services

Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan; preventive health interventions; outreach services

Research interests: Resilience; PTSD; Alzheimer's' Disease; pain management

Michelle M. Kehn, Ph.D., Long Island University – Brooklyn Campus, 2009

Clinical Psychologist, Home-Based Primary Care Services

Clinical activities: Individual, couples, and family therapy for homebound, medically-ill veterans; psychodynamic psychotherapy and supervision

Research interests: Couples therapy for older adults; psychological interventions for Caregivers

Ilysa Michelson, Psy.D., George Washington University, 2007

VISN-3 Mental Health Lead for Patient-Centered Care

Adjunct Clinical Supervisor, Yeshiva University

Administrative and clinical activities: Clinical integration of mental health into the Patient-Centered Medical Home; Primary Care Mental Health Integration; individual and group psychodynamic psychotherapy

Abigail S. Miller, Psy.D., Yeshiva University, 1994

Clinical Psychologist; Geropsychologist

Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers

Research interests: Narcissism, envy, and self-esteem; Alzheimer's disease; vascular dementias

Christie Pfaff, Ph.D., New York University, 1999

Clinical Psychologist; Acting Assistant Chief of Psychology, Director of Training

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; psychodiagnostic testing; treatment of severe mental illness

Research interests: The role of insight in schizophrenia; phenomenology and significance of delusions

Gladys Todd, University of California, Santa Barbara, 2007`

Clinical Psychologist, Substance Abuse Recovery Program (SARP)

Clinical activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of VA police officers

Research interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure

Consulting Faculty

Kelly Crotty, M.D., Boston University School of Medicine, 2001

Disease Prevention Coordinator, Attending physician, Primary Care

Clinical Instructor, NYU School of Medicine

Marion Eakin, M.D., Harvard Medical School, 1995

Director, Outpatient Psychiatry, NYVA Mental Health Service

Clinical Assistant Professor of Psychiatry, NYU School of Medicine

Clinical activities: Post Traumatic Stress Disorder; Military Sexual Trauma; Attention-Deficit Disorder

Arnaldo Gonzalez-Aviles, M.D., Ponce School of Medicine, Ponce, Puerto Rico, 1985

Director of Mental Health Emergency Dept.

Clinical activities: Director MH Emergency Dept, NYHHCS – Manhattan Campus.

Research interests: Brain Imaging in Dementia and Aging

Grace Hennessy, M.D., Tufts University School of Medicine, 1995

Director, Substance Abuse Recovery Program (SARP)

Clinical activities: Co-occurring substance use and psychiatric disorders; pharmacologic

treatments for substance use disorders

Joseph Leung, M.D., George Washington University School of Medicine, 1986
Director, Primary Care Program; Chief, General Internal Medicine Section
Clinical Associate Professor, NYU School of Medicine
Clinical activities: Primary Care medicine, preventive medicine
Research interests: Disease screening, preventive medicine

Stacy Pommer, LMSW, Columbia University School of Social Work, 2007
Visual Impairment Services Team Coordinator
Field Instructor, Columbia University School of Social Work
Clinical activities: Coordinate blind rehabilitation services; individual and group psychotherapy
Research interests: Emergency preparedness for individuals with disabilities; medical students' perceptions of visual impairment

Charmaine Rapaport, M.D., The Pennsylvania State University College of Medicine, 1983;
Harvard University, Clinical Fellow in Psychiatry 1984-1987
Psychiatrist, Primary Care Mental Health Integration
Clinical activities: Psychiatry for the medically ill, PTSD, Psychotherapy

Craig Tenner, M.D., NYU School of Medicine, 1992
Disease Prevention Coordinator, Attending physician, Primary Care
Assistant Professor of Medicine, NYU School of Medicine
Clinical activities: Preventive Medicine and clinical informatics

Trainees

As 2011-12 is the inaugural training year for this postdoctoral residency, there are no prior trainees listed.

Brochure updated November, 2011

APPLICANT INFORMATION FORM
VA New York Harbor Healthcare System, Manhattan Campus
New York, NY

Last Name:	First Name:
Home address 1:	
Home address 2:	State:
City:	Zip:

Home Phone:	Cell Phone:
Work Phone:	FAX:
Email:	

Country of Citizenship:	Are you a veteran:
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Graduate Program Information
Graduate Program Name:
Department Name:
University Name:
Address 1:
Address 2:
City, State, Zip:

Graduate Program Specialization <i>e.g., Clinical, Counseling, Neuropsychology, etc:</i>
Primary Theoretical Orientation <i>e.g., CBT, BT, Psychodynamic, etc:</i>
Type of Degree <i>e.g., Ph.D., Psy.D. Ed.D. etc:</i>
APA-Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No
Department's Training Model <i>e.g., Scientist-Practitioner, Practitioner-Scholar, etc:</i>

Year you began graduate study:
Year coursework completed:
Year completed qualifying exam or comps:

Training Director:	Training Director Email:
Training Director Phone:	Training Director FAX:
Dissertation Advisor:	Dissertation Advisor Email:
Dissertation Advisor Phone:	Dissertation Advisor FAX:

Dissertation Status		
	Expected Completion Date	Date Completed
Proposal Approved		
Data Collected		
Data Analyzed		
Dissertation Defense		

Internship Information	
Internship Name:	
Address:	
City:	
State/Zip:	
APA-Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of internship Began:	Completed:
Training Director Name:	Training Director Phone:
Training Director Email:	Training Director FAX:

Professional Conduct	Yes	No
1. Has formal, written disciplinary action of any kind ever been taken against you by a supervisor, educational or training institution, health care institution, professional association or licensing/certification board? If yes, please explain.		
2. Are there any complaints currently pending against you before any of the bodies in item #1? If yes, please explain.		
3. Have you ever been put on probation, suspended, terminated or asked to resign by an employer, graduate program, practicum placement, or internship training program. If yes, please explain.		
4. Have you ever reneged on an internship match agreement without approval from APPIC and the internship site? If yes, please explain.		
5. Have you ever been convicted of an offense against the law other than a minor traffic violation or have you been convicted of a felony? If yes, please explain.		

Consent to Contact Training Directors	
I authorize the NY VA Harbor Healthcare System (Manhattan) Psychology Training staff to contact the Directors of Training of my doctoral psychology academic and my internship program.	
Signature: <i>Your electronic signature is acceptable if from your email.</i>	Date: